

# Only One in Four Adolescents Needing Publicly-Funded Treatment Receives It



By Toni Krupski, Ph.D., DASA Research Administrator

In 2000, 1,259 Washington State adolescents living in their parents' homes were interviewed by telephone about their use of alcohol and other drugs.

Respondents were 12 through 17 years old when interviewed. Results of the survey indicated that, of those adolescents needing publicly funded treatment, only one in four (25%) actually received it.

Other key findings of this study included the following:

- Almost half (47%) used alcohol or other drugs at least once in their lifetime; almost one in four (23%) used alcohol or other drugs within the past thirty days.
- About one in five (22%) used marijuana at least once in their lifetime; about one in ten (9%) used marijuana within the past thirty days.

- Over one in six (16%) used an illegal drug other than alcohol or marijuana at least once in their lifetime; almost one in twenty (4%) used an illegal drug other than alcohol or marijuana within the past 30 days (this category includes drugs such as cocaine or heroin).
- About 8% of adolescents were estimated to have a current need for treatment. This varied by age with about 3% of 13-year olds, 6% of 14 year olds, 8% of 15-year olds, 9% of 16-year olds, and 21% of 17-year olds estimated to need treatment.

This study was conducted by

the Department of Social and Health Services, Division of Research and Data Analysis and was funded by a grant from the federal Center for Substance Abuse Treatment to DASA. The full report entitled, "Alcohol and Substance Use Among Adolescents in Washington State: Results from the 1998-1999 Adolescent Household Survey," is available from the Washington State Alcohol/Drug Clearinghouse at 1-800-662-9111 (within Washington State) or 206-725-9696 (within Seattle or outside Washington State), or by writing them at 3700 Rainier Avenue South, Suite A, Seattle, Washington 98144. Their e-mail address is clearinghouse@adhl.org.

Questions about the study should be directed to Toni Krupski, DASA Research Administrator, at 360-438-8206 or at krupstk@dshs.wa.gov.

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### Washington State Resources

DASA: <http://www.app2.wa.gov/dshs/dasa>

Chemical Dependency Professionals:  
<http://www.cdpcertification.org/default.asp>

Alcohol/Drug 24-Hour Helpline:  
1-800-562-1240  
[www.adhl.org](http://www.adhl.org)

Alcohol/Drug Prevention Clearinghouse:  
1-800-662-9111  
[www.adhl.org/clearinghouse](http://www.adhl.org/clearinghouse)

Media Literacy:  
[www.teenhealthandthemedianet](http://www.teenhealthandthemedianet)

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*From the Director*

## 2002 State Budget Recommendations Impact Substance Abuse Services

*By Ken Stark*

On December 18th, Governor Locke released his 2002 Supplemental Budget Recommendations. The Governor's proposals reflect a difficult economic picture in Washington State, including an \$813 million reduction in expected revenues, as well as higher than projected K-12 public school enrollments requiring additional funding for education.

This means the state faces a series of hard choices. The Governor proposes to fill the budgetary gap by cutting General Fund-State (GFS) spending by \$566 million during the 2001-2003 Biennium, or 9.5%. Human services would be cut by \$246 million, or 43.1% of the total reductions. The list of proposed reductions and program eliminations is a long one.

It should be noted that while the total proposed reduction in the DSHS budget is 5.5% for Fiscal 2003, the proposed budget represents an 18.7% reduction in the Division of Alcohol and Substance Abuse's (DASA) total state funding allocation for the same fiscal year. The Department of Social and Health Services (DSHS) is exploring a Department-wide response to these reductions.

As part of a required 15% budget reduction exercise, DASA placed three items on the table for potential cuts. All three were included in the Governor's proposal:

- Elimination of Treatment Accountability for Safe Communities (TASC) programs Effective July 2002. (\$3.45 million GFS) – Programs currently exist in six counties: Clark, King, Pierce, Snohomish, Spokane, and Yakima.
- Elimination of Additional Capacity to Treat the Gravely Disabled (\$2.80 million GFS) – Funds to expand treatment capacity were provided by the 2001 Legislature, but programs were not implemented yet.

- Reduction of 71 Recovery House Beds Effective July 2002 (\$1.02 million GFS) – This represents 24% of current Recovery House capacity.

In addition, the opening of the new Eastern Washington Chemical Dependency Treatment Facility has been delayed until February 2002, saving \$400,000 in GFS. There has also been a delay in the scheduled 2.3% vendor rate increase from July 1, 2002 to September 1, 2002 (\$242,000 GFS; \$159,000 other funds).

There have also been substantial cuts proposed in other DSHS services that will significantly impact, DASA, treatment and prevention providers, and patients:

- Elimination of All State-Paid Interpreter Services Provided to Medical Assistance Clients – While patients will still require these services, and are still required under the Americans with Disabilities Act, costs will be transferred to treatment providers.
- Elimination of the Family Policy Council and Funding for Community Public Health and Safety Networks – This will result in a reduction in community prevention/intervention activities.
- Scaling Back of Family Reconciliation Services (FRS) – This program currently targets families at risk of having their children placed into foster care. Reduced services may result in lost opportunities to identify

and treat chemical dependency problems early, resulting in increased demand for youth detox/crisis stabilization beds.

- **Elimination of Crisis Residential Center Assessments** – It is believed these services are currently underutilized because of the availability of other assessment options. However, coupled with the scaling back of FRS, opportunities will be missed to address chemical dependence problems earlier in patients' substance-abusing history.
- **Elimination of Secure Crisis Residential Centers** – Children's Administration currently has 66 funded beds mandated by the "Becca Bill". These would be eliminated, resulting in one less safe place for high-risk youth to be while awaiting chemical dependency treatment.
- **Reduction in Funds for Therapeutic Child Care** – This program currently provides families with young children at serious risk of abuse or neglect with intensive child development services and interventions to promote parenting skills. Funding will be cut by 25%, reducing therapeutic child care slots available for mothers and their children who are in outpatient chemical dependency treatment.
- **Lifting of Truancy Petition Requirement** – Under the "Becca Bill", schools must file a truancy petition in juvenile court for students with five or more unexcused absences in one month. While funding is continued for children in need of services, elimination of this requirement may result in interventions for chemical dependency being delayed until a later stage of addiction.
- **Elimination of Juvenile Violence Prevention Grant Program** – Administered by the Governor's Juvenile Justice Advisory Committee, state grants are provided to communities to fund programs to prevent and reduce delinquency. Federal grants program will continue.
- **Closure of Mission Creek Youth Camp** – Closure may cause overcrowding in other institutions, which could result in early releases. Some of these youth will require chemical dependency services in community programs, increasing waiting lists for DASA-funded inpatient beds.
- **Reduction in Funding of Regional Support Networks** – This could result in a decrease in availability of treatment for youth and adult patients with co-occurring disorders. The Governor has also proposed other changes outside DSHS that have potential impacts upon DASA patients and services. These include

- **Transfer of \$21.2 million in the Tobacco Prevention and Control Account to the State General Fund.** (At the same time, Initiative 773 requires an appropriation of \$26.2 million to fully fund the state tobacco prevention and control plan.)
- **Elimination of \$174,000 in State Funding for Northwest Family Center (NWFC)** – NWFC provides services to HIV/AIDS-infected women, children, and their families. Services include medical care, case management, prevention and risk reduction, outreach, and chemical dependency counseling.
- **Earned Early Release** – Effective July 2002, offenders sentenced to prison for non-violent property or drug offenses (with the exception of those sentenced for the manufacture, delivery, or possession with intent to deliver methamphetamine) will be eligible for a 50% reduction in sentence length, rather than 33%.
- **Reduction in Drug Offender Sentencing** – Effective July 2002, manufacture, delivery, or possession of intent to deliver heroin or cocaine will be reduced from a Seriousness Level 8 to Seriousness Level 7 on the adult felony sentencing grid. Manufacture of methamphetamine offenses will not be eligible for the sentencing change.

It is important to remember that all of these proposals will be reviewed by the Legislature, which may come up with a different list of budget cuts and program eliminations. At the same time, there is increasing recognition that quality substance abuse prevention and treatment services have great potential in lowering crime and criminal justice costs, reducing health care expenditures, promoting employment and decreasing reliance on public assistance, and promoting safer and more vibrant communities and a healthier State. 🐾

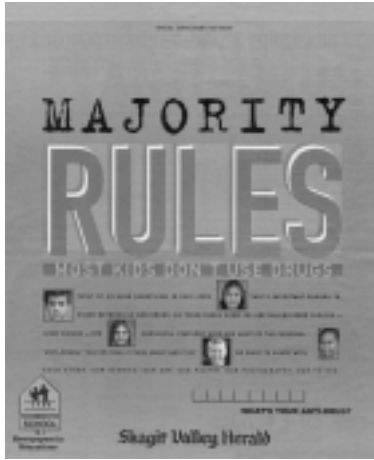


Elma High School student Melany Whitesel accepts an award from Lt. Governor Brad Owen for her 2002 Drug Free Washington Month theme: "United We Stand, Drug Free We Soar."

# Majority Rules: Most Skagit County Kids Don't Use Drugs

By Vera Sullivan, Skagit County Prevention Specialist

Skagit County participated in the 2001 National Youth Anti-Drug Campaign by publishing the Majority Rules: Most Kids Don't Use Drugs insert in the October 15, 2001 edition of the Skagit Valley Herald. Skagit County selected this prevention project to address Community Laws and Norms Favorable to Drug Use and recognize middle school drug free youths. Over 7,500 copies were distributed countywide to classrooms that participate in the Skagit



Valley Herald Newspapers In Education program. Another 19,000 copies were delivered to homes and newsstands throughout the county.

Publication of the insert was a countywide effort involving the Skagit County Human Services Department, the Skagit Valley Herald and middle school intervention specialists from all county school districts.

Funding of \$4,000 for the insert was made possible by a partnership between Skagit County Human Services Department and the Division of Alcohol and Substance Abuse. The Skagit Valley Herald donated \$840 in-kind match for production costs and coordination by the Educational Services Coordinator. Intervention Specialists identified the drug free youth who were featured with their anti-drug.

Middle School youth from every school district in the county were asked "what's your anti-drug?" and their responses were featured in the 8-page special edition. The anti-drugs of Skagit youth were: volleyball, magic, music, dreams, racing, civil air patrol, basketball, soccer, bagpipes, talking and spending time with their parents. Through these anti-drugs, Skagit youth make new friends, learn new lessons about life, have something to look forward to and be proud of, see how far they can go physically and mentally, set goals and work towards them.

Satisfaction questionnaires were mailed to Newspapers In Education classroom teachers who received the insert. 11% returned the questionnaire. Here are the results:

- 76% rated the educational insert as Very Good to Excellent
- 80% used some or all of it with their students
- 62% sent the insert home with students to share with their family.
- In 38% of classrooms, most students talked about their anti-drug
- In 50% of classrooms, some of the students did.
- 92% of teachers said they would use all or some of a 2002 anti-drug insert
- One physical education teacher used the insert as a writing exercise for her 4th and 5th grade classes
- A special education teacher used it with 9th-12th graders.

For additional information, contact Skagit County Human Services Department at 360-336-9395 or email the national campaign at [antidrug@aed.org](mailto:antidrug@aed.org).

## DASA Approved to be an Opioid Treatment Program Accreditation Body

By David Curts, DASA Certification Supervisor

The Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse (DASA), was approved November 2, 2001, by the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) to be an Opioid Treatment Program Accreditation Body. SAMHSA's approval is effective for five years.

DASA is only one of four accreditation bodies approved nationwide, and is the only state agency to receive the approval from SAMHSA. The other approvals were for three national accreditation organizations: CARE...The Rehabilitation Accreditation Commission; the Joint Commission of Accreditation of Health Care Organizations (JCAHO); and, the Council on Accreditation for Children and Family Services.

DASA submitted its application for accreditation to reduce the burden of duplicative federal and state regulatory oversight of opiate substitution treatment programs in Washington State. This approval will accomplish two important regulatory improvement goals of DASA:

- It will allow DASA to combine state certification and federal accreditation processes into a single process. This will allow providers to address only one set of regulations and prepare for only one on-site survey by a regulatory agency instead of two; and,
- It will reduce the overall cost of certification and accreditation to the opiate substitution treatment providers and taxpayers, allowing more of their existing resources to be spent on treatment rather than on federal and state regulatory activities.

Opiate substitution treatment programs must apply for certification to one of the four accreditation organizations by March 4, 2002. Treatment programs will have until May 19, 2003 to complete the accreditation process.

DASA's appointment as an accreditation body made it eligible for accreditation start-up funding from the Center for Substance Abuse Treatment (CSAT). DASA applied for this funding in November to prepare for accreditation and to offset the cost of initial accreditation for opiate substitution programs in Washington State. Under the grant, money is provided to offset the costs of providing opiate substitution programs accreditation education and accreditation surveys. CSAT will announce the grant awards in late February.

DASA is also working with Johnson, Bassin, & Shaw, Inc., a CSAT contractor, to plan and schedule trainings to opiate substitution programs on accreditation requirements and CSAT guidelines. For more information, contact David Curts at 360-438-8056.



## King County Tobacco Youth Coalition

*By Jennifer Anderson, TeenLine Coordinator for Alcohol/Drug Helpline*

Recently the Washington State TeenLine and Conroy Consulting were awarded grants by Public Health — Seattle & King County Tobacco Prevention Program to form a King County Tobacco Youth Coalition. The mission of the Tobacco Youth Coalition is to establish a lasting, growing youth coalition. The coalition will conduct activities led by youth and planned by youth for youth. The goal of the coalition is to enlist at least twenty-five youth from West King County and another

twenty-five youth from East King County. We are currently recruiting two youth from each school district. These youth are asked to attend six coalition meetings from November 2001 to June 2002 and attend two media events during this time. The meetings are held once a month for 2 hours in the evening. Meetings for West King County are at Seattle University. The meetings for East King County are held at the Kirkland Teen Center.

One of the purposes of the coalition

is to involve youth in the prevention of youth tobacco use. Members will discuss tobacco control; coordinate projects, brainstorm ideas, and network with other youth. They will also design, produce, and distribute a quarterly newsletter that will inform King County about the coalition and upcoming meetings and events. The goal of the coalition is to bring youth together to raise awareness of the dangers of using tobacco for the youth population. The coalition members will

learn to look at the advertisements that the tobacco industry uses to target youth and discuss what they can do to counteract these advertisements. The youth coalition members will attend media events where they will distribute smoking cessation information and anti-smoking literature to youth.

For anyone interested in joining the King County Tobacco Youth Coalition or more information about the coalition please contact Jennifer Anderson for West King County at 206-722-4222 or Bob Conroy for East King County at 206-295-7769.

## Enhanced Detox in King County

*By Janet A. Miller, RN, Director, Detoxification Services, Recovery Centers of King County and Jean Robertson, Acting Assistant Manager, King County Mental Health, Chemical Abuse and Dependency Services Division*

In January 2000, King County Mental Health Chemical Abuse and Dependency Services Division (MHCADSD) entered into a contract with Recovery Centers of King County to provide mental health services at their Detoxification Facility. This was following a 1999 analysis of United Behavioral Health data suggesting that approximately 4 percent, or 150 adults admitted for inpatient admissions, might have been diverted had a bed and appropriate services been available at Detox.

Initially, the enhancement included funding 1.5 FTEs, dually certified staff, addition of a secure room, additional training in mental health for Detox staff, and one guaranteed bed on the Acute Detox

unit. In June 2000, an interim bed was included on the Sub-acute unit in response to the challenges of discharge planning for these, more complex, clients.

The two populations identified as appropriate for placement under the contract were those expressing suicidal ideation with a concurrent need for detox and those individuals with diagnosed mental illness whose most pressing need was for detoxification. Staff working in the Crisis Triage Unit at Harborview Medical Center, County Designated Mental Health Professionals, and Mental Health providers would make referrals.

During this first pilot year, 134 individuals accounted for 149 ad-

missions into the enhanced detox bed. Length of stay ranged from 1 to 30 days with an average length of stay of 6.65 days. Fifty-four percent of these admissions were enrolled in mental health services either prior to admission or as a result of their Detox stay. Fifty-nine percent had a previous history of inpatient psychiatric hospitalization. Twenty-five percent were discharged into inpatient chemical dependency (CD) treatment, and 42 percent entered outpatient mental health or CD treatment.

Using average cost of a three-day psychiatric hospital stay for 149 patients and subtracting the amount of the contract, savings for the first year were estimated at \$102,044. This conservative estimate only includes those individuals admitted specifically into the designated mental health bed. In addition, another 418 admissions received some mental health ser-

vices from staff supplied by the contract. Only one of those referred into the mental health bed was returned for further assessment or referral to inpatient psychiatric hospitalization during this first year.

There continues to be regular trainings for the staff and, as a result, it has become the expectation rather than the exception to admit and care for patients with complex mental health issues. To date, there has been no need to use the secure room and only a small handful of patients referred back to Harborview for further evaluation and possible hospitalization.

In January of 2001, United Behavioral Health assumed the funding for the enhancement. The designated mental health bed continues to be over-utilized and discussions are underway to expand the number of designated mental health beds at Detox.

## DASA Grantfinder Web Site

By Lois Thadei

DASA's Grant Finder Web Site provides federal and foundation funding news. The Web site helps grant seekers find the right funding for their needs. The Grant Finder sorts funding into categories that support prevention or treatment. This supports the mission of DASA's providers.

Funding support is listed by funding source or key word searches. A key word search leads grant seekers directly to a funding source that meets their precise needs. Examples of some key words are: general operating funds, elderly, and intervention.

Search creatively; there is money out there. We encourage you to experiment with the Web site. If you are a shy traveler on the World Wide Web, keep the address handy. You can't get lost for long. There are hyperlinks that take you directly to the funding sources for their application pages or latest information. At the present time, the DASA-NOFA has funding information totaling \$34,584,498.

The Grand Finder will be updated on a regular basis. When special and significant funding becomes available, we will post it for you to find at your convenience.

Finding the right grant is important. DASA's Grant Finder Web site is designed to help find the right funding source for your important prevention and treatment work. Our young people and our clients are counting on us to be there when they need the right kind of programming.



## The Full Cedar Circle Canoe Project

By Jim Friedman

In January the Suquamish Tribe of Port Madison hosted a celebration honoring the creation of a new sea-worthy canoe. The canoe was hand carved from a 999-year-old cedar log by a group of five Suquamish youth under the guidance of a master carver of the Suquamish Nation of British Columbia. The canoe arrived by water and was accompanied by three other Indian canoes, each paddled by a crew of twelve. The new canoe was lifted out of the water and carried to a spot where drumming and song continued. The carvers circled the canoe, applying water with pine boughs to bless and cleanse it. The day continued with honoring and testimonials from many, including visiting representatives from other Northwest Indian tribes. A focus of the day was praise for the youth carvers who maintained a lifestyle free of alcohol, tobacco and other drugs throughout the project. The Division of Alcohol and Substance Abuse was also acknowledged for their support of the project.



## Collaboration Between DASA and Children's Administration

By John Taylor, DASA Region 6 Administrator

In order to increase the communication between the Division of Alcohol and Substance Abuse (DASA) and the Division of Children and Family Services (DCFS) the region six administrators for the respective divisions scheduled a one-day collaborative meeting and workshop on October 30th in Tumwater. The county coordinators from the chemical dependency sec-

tion and area managers from DCFS participated.

The focus of the meeting was on improving working relationships and developing strategies to best meet the needs of our mutual clients. DASA presented workshops on best practices for helping methamphetamine clients and how to access publicly funded treatment.

## “Starting Over”

By Fred Garcia, Chief of Office of Program Services and Sandra Mena, Special Projects Manager, Division of Alcohol and Substance Abuse

Tribal Chairman Brian Cladoosby of the Swinomish Tribe said in his keynote address at the second Tribal Gathering, “It is time to start over and move on to building better relationships.” In November the Division of Alcohol and Substance Abuse (DASA) hosted the second Gathering of 2001 for alcohol and substance abuse treatment and prevention providers of tribes, urban programs, and tribal chairs. A total of 92 persons representing 21 tribes and five Urban Indian programs were in attendance. Tribal Chairman Brian Cladoosby of the Swinomish Tribe and Chairwoman Marilyn Scott of the Upper Skagit Tribe led a Tribal Caucus to identify issues where Tribes and DASA could work together to improve communications and strengthen programs.

the skill building sessions offered, especially mentoring and the TARGET 2000 system.

### Specific issues raised included:

- The need for regular communications, with a central point of contact;
- Joint planning for program initiatives;
- The need for more Fetal Alcohol Syndrome (FAS) training on reservations; and
- Questions about the need for Tribal programs to be certified if they are to provide addictions treatment programs.

A committee with Tribal and DASA representation will follow through on these issues presented at the Gathering, and Tribal volunteers will assist DASA in planning the next gathering. DASA has already appointed a staff member, Sandra Mena, as the Central Point of Contact for tribes, as requested by tribes

Evaluations indicate participants were pleased with

at the Gathering.

Regarding communications, Tribal Representatives were clear that they did not want this structure to change. The Regional Administrators and Regional Prevention Managers are doing a wonderful job and their efforts are much appreciated by the Tribes within their regions. Therefore, the conclusion we came to was for everyday contract management issues, technical assistance needs, training, and other service delivery issues, Tribes will continue to work with their Regional Administrator. However, for issues that are more of a policy concern or that impact more than one Tribe (such as the 638 Medicaid question), the Tribes were asking for a single point of contact.

We will continue to meet periodically with Tribal representatives to develop a communications protocol and to further clarify and resolve issues.

## Drug Affected Families Conference Merges With Children's Justice Conference

When the economic downturn began to be felt in DSHS, the sixth annual Drug-Affected Families Conference looked doomed. The popular event was co-sponsored by the Division of Alcohol and Substance Abuse (DASA) and the Children's Administration (CA). This year, in response to the Governor's order that the department identify 15 percent budget reduction options, CA decided to withdraw its funding from the Drug-Affected Families Conference.

When Marti Bartlett, chief of CA training, informed DASA of the decision, she was also aware of another major conference that CA has been hosting for the past nine years – the Children's Justice Conference (CJC). Last year the CJC was attended by over 1,900 participants, making it one of the largest conferences in the United States on child maltreatment. Marti suggested that DASA contact CJC conference coordinator Caroline Ford about the possibility of merging the Drug-Affected Families Conference with the Children's Justice Conference. Fortunately, after meeting with Caroline, we were able to work out a

plan for merging the two conferences. In addition to maximizing state resources, merging the conferences allows for chemical dependency treatment professionals to hear about law and justice issues and children's issues, which will enhance our understanding of these perspectives. Other conference participants will benefit by learning more about current chemical dependency treatment and prevention issues.

The Children's Justice Conference is scheduled for March 25-26, 2002, at the Washington State Convention Center in Seattle. It is funded primarily through federal grants and participant fees. Over 40 nationally recognized speakers will present a wide range of workshops. Featured speakers include Kenneth Minkoff, M.D., a nationally known expert on dual diagnosis and integration of mental health and substance disorder services; Barbara Bonner, Ph.D., from the University of Oklahoma; Shane Salter, a former foster child and director of

Foundation Giving for the Freddie Mac Foundation; and Linda Spears, from the Child Welfare League of America.

For more information on the Children's Justice Conference, and to discuss merging your conference with the 2003 Justice Conference, contact Caroline Ford at 360-902-7996.





*By Amber Dassow, MIS Section*

**In an effort to continuously improve the quality of its data collection, the Management Information Systems (MIS) section of DASA has implemented several systems over the years. These included SAMS, DARTS and AIMS, each one being superior to its predecessor.**

In July of 1993 MIS implemented the Treatment and Assessment Report Generation Tool better known as TARGET. That system was a huge landmark for DASA and treatment agencies throughout the state. Since its implementation, the system has grown to become a vital tool for the state, providers, and researchers. It has brought DASA and the state of Washington nationwide recognition for being a leader in system design and data analysis.

Although TARGET has served us well, to keep pace with improvements in technology the MIS section began work in January 1999 to develop a new system called TARGET2000. The goal was to update and improve the usability of the TARGET data system. One major change involved expanding the data set, such as adding a set of questions related to the Addiction Sever-

ity Index (ASI) composite score values. This change allows us to improve the tracking ability of contract services provided and the measurement of treatment outcomes.

The most drastic change to the architecture of TARGET was the decision to change it from a client server system, relying on individual databases at each facility that had to be synchronized with the central database, to a single database operating through the Internet. This decision greatly simplifies maintenance and operations for the system and allows for more flexibility in chang-

ing reports and data collection processes.

To ensure patient confidentiality, DASA began working with Transact Washington and Digital Signature Trust (DST) to verify a user's identity. DST provides authorized users with a digital certificate that will allow them to log into Transact Washington using a USB token. Transact Washington acts as a portal to authenticate users of the state system. Once users have their digital certificate in place, their passphrase allows them to enter TARGET2000 system through the Transact portal. This USB token is specific to the individual user who applies to DST.

The TARGET Advisory committee, which consists of representatives from the various levels of users, has guided the modifications of the TARGET system since its development in 1993. The Advisory

committee has met monthly to provide review and enhancement suggestions on the TARGET 2000 system. The committee will continue to meet to guide the growth and expansion of the TARGET2000 system.

Since the TARGET2000 start up in October, the system has had positive reviews. Although there have been the usual bugs common to this type of complex implementation, users are pleased with what they see and are patiently working with DASA to streamline the system.

## Legislature Gets Briefing on State Substance Abuse Prevention System

*By Mary Ann LaFazia*

As part of Legislative Week, the Senate Human Services and Corrections Committee scheduled a briefing on substance abuse prevention. Over 100 persons from across the state attended the briefing. The purpose of the briefing was to provide committee members with information about the State Substance Abuse Prevention System being developed by a federally funded State Incentive Grant. The briefing focused on how state agencies involved in substance abuse prevention collaborate to standardize and streamline their programs and services; and how data and scientific methods are used to guide prevention efforts.

A researcher from the University of Washington provided information on the Risk Reduction and Protection Enhancement Framework for prevention plan-

ning, appropriate program selection, evaluation, and monitoring. Community representatives from Aberdeen and Toppenish shared information about their prevention programs designed to increase student grades, reduce school dropout rates, and get parents into alcohol and other drug treatment.

The lead agency for the Toppenish community is the police department. The Deputy Chief of Police explained that the reason the police department got involved in a community prevention program was that they were repeatedly arresting the same people for alcohol-related crimes. In addition, an increasing number of arrestees' children were being arrested.

Aberdeen's lead agency is the school district. An elementary school principal explained that its prevention program works with families whose children are displaying problems in school. The principal reported that the prevention program is credited with changing the entire milieu within its school building. As a result, parents now feel that they are partners in their children's learning. A parent who graduated from the Aberdeen program shared with the Senate committee that her daughter was having a lot of problems in school primarily because they (the family) have had to move so much to find work. She

explained that her daughter's behavior and grades improved after they became involved in the Family and Schools Together (FAST) project. She credits this change to the school making parents feel that they are not only welcomed in the school, but are true partners.

**The Washington State Legislature is in session through March 15, 2002. To contact your legislator call the Legislative Hotline at 1-800-562-6000 or log on to [www.leg.wa.gov](http://www.leg.wa.gov)**



## 2001 Prevention Summit

By Steve Smothers, *Prevention Services Lead*

The Washington State Prevention Summit 2001, "Connecting the Pieces," was held in October in Yakima. Prevention tracks included college, community, professional, law enforcement, tobacco, youth, and media. Keynote speakers included Dr. Joycelyn Elders, former United States Surgeon General; Judge Ted Poe, Huston Texas; Dr. Donald Shifrin, American Academy of Pediatrics; and Mohammad Bilal, MTV Celebrity.

In addition to workshops, activities included the Washington State Exemplary Substance Abuse Awards, a diversity dance, and a food drive. Summit events and key prevention issues were communicated to the public through daily coverage by the news media.

A town hall meeting, moderated by Enrique Cerna of Seattle's KCTS Public Television Station, addressed club drugs. A panel talked about why this scene has become so popular with drugs such as ecstasy, methamphetamine, GHB, Rohypnol, PCP, and other drugs, and now showing up at




Keynote speaker  
Dr. Joycelyn Elders

schools and home parties. This open forum gave the audience an opportunity for questions and discussion about where we go from here to combat the increasing trend of drug use among youth.

The success of the conference was due to the collaborative efforts of the

following agencies: Lieutenant Governor's Office; Department of Health; Department of Social and Health Services; Division of Alcohol and Substance Abuse; State Liquor Control Board; Office of Community Development; Office of Superintendent of Public Instruction; Washington Traffic Safety Commission; College Coalition for Substance Abuse Prevention; Citizens Advisory Council on Alcoholism and Drug Addiction; and Western Center for the Application of Prevention Technologies.

For further information, contact Steve Smothers at 360-438-8066, or Barb Green at 360-438-8220. 



### 2001 Washington State Exemplary Prevention Award Recipients

#### Exemplary Programs

- Hope for COAP (Children of Addicted Parents), Spokane
- YWCA After School Program, Spokane

#### Media Recognition

- Shanda Smith, The Viking Voice
- Ted Grossman, The Islands' Sounder
- Mike & Terry Tom, East Washingtonian

#### Peer Recognition

- Drew Russell, King County Community Organizing
- Georgiann Marr, Mother Teresa McKay Youth Outreach and Wellness Center
- Dennis Przychodzin, Grand Coulee Dam School District
- Julie Wokasch, Hope for COAP

## DASA Outcomes Evaluation Committee

By Dennis W. Malmer, *DASA Certification Policy Manager*

Over the past two years, the Division of Alcohol and Substance Abuse (DASA) has been working with a small group of Washington State chemical dependency service providers, researchers, and other interested parties to develop and implement outcomes evaluation in state certified treatment programs.


The result of many Outcomes Evaluation Committee meetings, public discussions, and public hearings in 2000, lead to the adoption of an outcomes evaluation regulation. Washington Administrative Code (WAC) 388-805-350 became effective on January 1, 2001.

The Outcomes Evaluation Committee determined that many state certified treatment providers were already conducting outcomes evaluation and using outcomes data to improve quality of care in their agencies. At the same time, a number of agencies had yet to begin collecting data that described the results of chemical dependency treatment for their patients.

As a result, the Outcomes Evaluation Committee conducted a survey of service providers in September 2001, to determine what type of support providers would like in meeting the new WAC requirements to conduct outcomes evaluation. DASA received 142 surveys from 529 certified agencies. In response to question 2 on the survey, "Which of the following would be helpful in your efforts to implement outcomes evaluation in your agency?" providers indicated:

- 99% checked a "toolkit" with sample materials that could be used to conduct outcomes evaluation.
- 73% checked information on how to participate in the state-wide client satisfaction survey.
- 63% checked training in how to conduct outcomes evaluation.
- 61% checked technical assistance in using TARGET to obtain data.
- 51% checked technical assistance in analyzing outcomes data and assistance in understanding the clinical and administrative implications of outcomes data.

Based on results of the provider survey, the Outcomes Evaluation Committee will meet again in January 2002, to begin developing a "toolkit" for providers. The tool kit will include sample materials that could be used by agencies to conduct outcomes evaluation, and will be distributed to the field later this year.

If you would like to participate on the Outcomes Evaluation Committee, please contact Dennis Malmer at 360-438-8086 or Toll Free at 1-877-301-4557. DASA encourages provider participation in developing all certification rules and policies. 

## DASA Methamphetamine Forum Corrects Myths

Over 225 professionals attended a Tacoma Methamphetamine Addiction and Treatment Forum in December, sponsored by the Division of Alcohol and Substance Abuse.

Many myths and fears regarding the addictiveness of methamphetamine and lack of treatment effectiveness with this population are spreading. A panel of local experts presented current research on methamphetamine addiction and treatment, clarified the commonly held myths, and dispelled the confusion and stigmatization associated with methamphetamine addiction and treatment.

The audience was primarily professionals working in allied fields, such as child welfare and mental health, as well as court and law enforcement personnel. Many had heard the negative stereotypes often associated with methamphetamine addicts, and wanted to hear the facts.

Based on post evaluations completed by the participants, over 85% of the participants reported the forum was successful in presenting current research and clarifying myths, and 96% reported wanting more information on the topic of methamphetamine addiction and treatment. Participants commented on the effectiveness of hearing about the key components of treatment from a recovering methamphetamine addict. Many attendees enjoyed hearing from treatment providers, and were surprised to learn that individuals addicted to methamphetamine face similar issues as individuals addicted to other drugs. Participants also learned that methamphetamine addicts are attending the same activities while in treatment as clients with different drugs of choice.

Due to the success of this event, DASA plans to offer similar Methamphetamine Addiction and Treatment Forums in Spring 2002 across the state.

## Washington Joins in National Mentoring Month

By Tom Pennella

Although much work still lies ahead to turn prospects into mentors, the first annual National Mentoring Month has been a tremendous success. With strong support from the President, the U. S. Congress, governors and mayors across the country, major media outlets, and numerous community organizations, National Mentoring Month is well on its way to becoming a permanent annual event. As a result, many more young people will have mentors. The Division of Alcohol and Substance Abuse, as a supporter of the Washington State Mentoring Partnership, would like to thank everyone who helped make National Mentoring Month a success. It's been a great team effort!

Some of the Mentoring Month activities in Washington State included:

- Public Service Announcements featuring Governor Locke encouraging Washington State residents to become mentors. UBN 11 and AT&T Broadband aired the ad, which included a toll-free number for mentoring organizations.
- Seattle SuperSonics Mentoring Night at Key Arena: Mentors and mentees attended a pre-game ses-

sion to meet several Sonic and Storm players. The players shared their experiences concerning mentoring.

- "Be the One" Mentoring Fair: Sponsored by the Thurston County Social Services prevention program, at Saint Martin's Worthington Center. Community Leaders, including Lieutenant Governor Brad Owen, spoke about the importance of mentoring in building a healthy community.

- Clark County Board of County Commissioners will proclaim January 2002 Mentoring Month in Clark County and hold a public hearing on the 8th of January.

The King County Mentoring Roundtable sponsored an essay contest with the theme "Who Mentored You?" They also held a mentoring celebration that included a proclamation and guest speakers King County Executive Ron Sims and King County United Way CEO Joe Fine.



## Contract Awarded for Offsite Drug Testing

By Ken Guza, TANF/DCFS Manager

During the fall of 2001 DASA issued a competitive procurement to select a laboratory for urinalysis testing. Juvenile Rehabilitation Services (JRA) joined with DASA to select a provider to serve pregnant women, opiate substitution, TASC and JRA programs.

Comprehensive Toxicology Services of Tacoma received the contract award. DASA and JRA reviewed excellent laboratory proposals for the four and five panel screens needed by different categories of programs. The new rates, which range from \$5.92 to \$6.16 per drug screen, represent a significant saving over current costs. Ron Jackson, Director of Evergreen Treatment Services, estimated that the new rate for methadone programs will save his agency \$25,000 to \$28,000 per year. In addition to

attractive rates, the new contract offers improved testing quality and a commitment of customer satisfaction.

For more information, contact Dick Jones, DASA Special Projects Administrator, at 360-407-1109.

To continue bringing you useful information in FOCUS, let us know what matters most to you, and the news and successes happening in your community. Send your comments and information to Deb Schnellman at [schneda@dshs.wa.gov](mailto:schneda@dshs.wa.gov).



## Gerry Nelson Retires

After 30 years of public services with Department of Social and Health Services (DSHS), Gerry Nelson retired from the Division of Alcohol and Substance Abuse (DASA) in October. As DASA's Contract's Administrator, Gerry managed the day-to-day operations of the contracts section and was DASA's lead contract writer.

After graduating from college, Gerry joined DSHS as a financial worker in the Tacoma Community Service Office (CSO). He later became a caseworker with the caseload standards section. He left the CSO in 1978 to return to graduate school at the University of Washington where he received his Masters Degree in Public Administration in 1979.

That same year he came to Olympia to work as a Community Service Program Manager with the Division of Income As-



sistance. In 1982, Gerry began his sojourn with the Bureau of Alcohol and Substance Abuse assisting in the complicated task of translating and interpreting income assis-

tance rules in order to help clients get these needed services. He continued to update and develop an effective and efficient contracting capacity for the division during his tenure. Gerry will be sorely missed by his DASA co-workers for his strong sense of purpose for our field and our clients as well as for his tremendous institutional knowledge. Gerry plans to devote more time to carpentry, skiing and working on restoring his Hot Rod '55 Chevy.

Sheryl Turner has been appointed to succeed Gerry as the Supervisor of the Contracts Section.

## Making A Difference

By Harvey Funai,  
DASA Region 4 Administrator

Several years ago, around Christmas, staff in DASA's Referral and Monitoring Agency (RMA) found out that a young mother, Ramie, who was a counselor in the CD field, was having significant medical and fiscal challenges. The RMA staff decided to focus on helping "one of our own" instead of donating to an organization as in earlier years. Eventually, DASA headquarters got involved and joined our efforts. On a Saturday morning, Mark Dalton, Jill Cowan and I tied a tree to the car and drove to Ramie's apartment. We were also hauling several very large bags full of wrapped presents for the children from DASA staff. We were greeted by two excited children and an appreciative mom. I can still visualize Beau, her son, as he rushed around to check out the presents underneath the tree.

I recently received the following letter from Ramie, which made me feel like it just happened this morning.

*December 3, 2001*

*Dear Harvey,*

*It was so good to see you at the youth summit and I just wanted to take the time to thank you again for what a wonderful Christmas your office provided for me years ago.*

*I do the Christmas drive up here in Oroville, now. It was so meaningful to me and my kids when your office adopted us and provided us with everything from the tree to the turkey that I will never forget.*

*It seems like a lifetime ago when I was diagnosed with cancer, it was 7 years this October and come March I will have 12 years clean and sober, unbelievable!*

*It seems like someone else's life when I think back to how insane my life was until I went to treatment. After I got clean and graduated from college I thought that I finally had it all together, then came my diagnosis for breast cancer and right before Christmas! If it hadn't been for your office that year I still don't know what I would've done, it truly was a blessing.*

*My children are getting older; my son Beau will be 17 next month and Rochelle is almost 9. Although Rochelle can't remember because she was only 2, Beau talks about it every Christmas, "how those people came to bring Christmas one year"....*

*Now that I have worked in the field for several years and have been very fortunate, I try to give back by coordinating the toy drive up here in the Oroville school district. There is a great deal of poverty and drug abuse here, so it keeps me forever grateful that my life has turned out the way it has.*

*In a few months I will have my Masters degree, and last year I bought a house! A long way from where I was when I first met you, Jill, and the others.*

*I hope that your office continues to "adopt" families. There is such a need out there and I know that was one of the most memorable events of my life. Your office really made two kids and a mom happy on that day. Well, that's all for now. Hope all is well in your life and tell Jill "hi". Take Care, thanks again and Merry Christmas!!!!*

*Ramie & Family*

## Training Related Activities, Awareness Events and Meetings: March through May 2002

### March

- 6-8 Child Welfare League of America National Conference, Washington, D.C.
- 6-8 Washington State Mentoring Partnership Conference, TBA
- 8 Washington State Council on Problem Gambling Youth Conference, SeaTac
- 11-13 Spring Collaboration Institute: Collaborating for Student Success, Ocean Shores
- 12-14 Synar Workshop and Meeting, Washington, D.C.
- 14-15 National Institute on Drug Abuse: Blending Clinical Practice and Research: Forging Partnerships to Enhance Drug Treatment, New York
- 14-15 CD-HIV Cross Training, Fife
- 17-23 National Inhalants and Poisons Awareness Week, [www.inhalants.org](http://www.inhalants.org)
- 18-19 Meth Awareness Conference, Wenatchee, 509-664-2310
- 25-26 Children's Justice/Drug Affected Families Conference, Seattle

### April



DRUG-FREE WASHINGTON MONTH:  
"United we Stand, Drug Free We Soar",  
Contact WA Alcohol/Drug Clearinghouse  
at 1-800-662-9111 or [www.adhl.org/clearinghouse](http://www.adhl.org/clearinghouse)

NATIONAL ALCOHOL AWARENESS  
MONTH: — [www.health.org/calendar](http://www.health.org/calendar)

- 3 Kick Butts Day — Campaign for Tobacco Free Kids, [www.kickbuttsday.org](http://www.kickbuttsday.org)
- 4-5 COD Conference, Yakima
- 11 National Alcohol Screening Day, [www.mentalhealthscreening.org/alcohol.htm](http://www.mentalhealthscreening.org/alcohol.htm)
- 12-14 Busting Out a Seam for the American Dream, Washington State SADD Conference, TBA
- 15-19 Substance Abuse Prevention Specialist Train the Trainers, Ellensburg
- 17 Prevention Services Provider Meeting, Ellensburg
- 18 Citizens Advisory Council on Alcoholism and Drug Addiction, Port Angeles

### April events continued

- 18-19 Region 1 Fiscal Training, Spokane
- 19-20 Hazelton Foundation, Women Healing Conference, Scottsdale
- 29-May 1 CSAP Prevention Summit, Phoenix

### May

- Early May Prevention Program Exemplary Awards Ceremony, Washington, D.C.
- 2-3 Governor's Council on Substance Abuse Meeting, SeaTac
- 12-18 ALCOHOL AND OTHER DRUG RELATED BIRTH DEFECTS WEEK
- 15 ACHS Liaison Meeting, Spokane
- 15-17 Citizens Advisory Council on Alcoholism and Drug Addiction, Leavenworth
- 31 WORLD NO TOBACCO DAY
- 31 Saying It Out Loud Conference, Fife

Want to share FOCUS with others?  
Let them know it's on DASA's website at  
[www.app2.wa.gov/dshs/dasa/](http://www.app2.wa.gov/dshs/dasa/)  
(click on "What's New")

For more information about trainings, call the Training Section at 1-877-301-4557

### What is National Alcohol Screening Day?

NASD is an outreach, education and screening program that raises awareness about alcohol misuse and refers individuals with alcohol problems for further evaluation. NASD is easy to implement and can be tailored to the specific needs of your community. Last April, an estimated 32,000 individuals attended NASD 2001 events at over 1,200 screening sites across the nation. To order materials and get more information about

hosting a screening site, go to [www.mentalhealthscreening.org/alcohol.htm](http://www.mentalhealthscreening.org/alcohol.htm) or call 781-239-0071.

If you are hosting a screening event, let us know by March 15 and we'll help publicize it. Fax your location name, complete address, time of event, and contact name and phone number to Jeniffer Hansen at 360-438-8057.



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